

APPLICATION FOR DRIVER TRAINING INSTRUCTOR LICENSE

DTS 002 (04/05/05)

Purpose: Use this form to apply for a driver training instructor license.

Instructions: Return completed form to the Commercial Licensing Work Center at the above address.

| TYPE OF APPLICATION | | | |
|--|----------------------------------|---|--|
| (check one) | | Fee: <input type="checkbox"/> \$50 – One-Year License <input type="checkbox"/> \$100 – Two-Year License Note: License must be concurrent with school license and the fee may be prorated. | |
| <input type="checkbox"/> Original (first-time application) | <input type="checkbox"/> Renewal | | |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Upgrade | | |

| IDENTIFYING INFORMATION | | | |
|--|---------------|----------|---|
| FULL LEGAL NAME OF INSTRUCTOR (last) (first) (mi) (suffix) | | | NAME OF DRIVER TRAINING SCHOOL WHERE EMPLOYED |
| MAILING ADDRESS | | | CITY STATE ZIP CODE |
| CITY | STATE | ZIP CODE | SCHOOL STREET ADDRESS |
| HOME ADDRESS | | | SCHOOL TELEPHONE NUMBER () FAX NUMBER () |
| CITY | STATE | ZIP CODE | DMV CUSTOMER NUMBER AND EXPIRATION DATE |
| HOME TELEPHONE NUMBER () | EMAIL ADDRESS | | INSTRUCTION LICENSE NUMBER (if previously licensed) |
| Have you ever been convicted of a law violation, including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? <input type="checkbox"/> Yes If yes, list and explain (attach additional sheets as needed) <input type="checkbox"/> No | | | |

| INSTRUCTOR QUALIFICATIONS AND REQUIREMENTS | |
|--|--|
| Note: If not previously licensed, a certified transcript of courses or a copy of a valid Virginia teaching certificate with a driver education endorsement must accompany this application. | |
| 1. All instructors providing classroom and/or in-vehicle instruction must possess five years of driving experience. Have you been properly licensed to drive a motor vehicle in Virginia for a minimum of five years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attach evidence of minimum driving experience requirements through licensure from another state.) | |
| 2. Driving records of all instructors providing classroom and/or in-vehicle instruction must reflect no more than six demerit points. Does your record reflect more than six demerit points? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Will you provide training for students under the age of nineteen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, proceed to certification sections of this form) | |
| 4. All instructors of students under nineteen years of age must have successfully completed six semester hours in driver education approved by the Department of Motor Vehicles consisting of: <ul style="list-style-type: none"> a. 3 semester hours of Introduction to Driver Education: Driver Task Analysis and, b. 3 semester hours of Instructional Principles of Teaching Driver Education or have a valid Virginia teaching certificate with a driver education endorsement. Have you completed these requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| EMPLOYER CERTIFICATION | | |
|--|-------------------------|------|
| I certify that the above named individual is an employee or has applied to become an employee of this driver training school in a position that involves the training of individuals in the operation of motor vehicles. | | |
| SCHOOL NAME (print) | OWNER/MANAGER SIGNATURE | DATE |

| EMPLOYEE CERTIFICATION | |
|--|------|
| I certify that all facts contained in this application are true and valid. By my signature I authorize the Department of Motor Vehicles to verify that my Virginia driver's record fulfills the requirements for my licensing under current statute and regulations. | |
| SIGNATURE | DATE |

| DMV USE ONLY | | | | |
|--------------|---|--------------------------------------|---------|---|
| Clerk Stamp | Verification of: | Fee/Accounting Control | Remarks | License Number: _____ School Date _____ Expiration Date _____ |
| | <input type="checkbox"/> Teaching Certificate | <input type="checkbox"/> Approved | | |
| | <input type="checkbox"/> Course Transcript | <input type="checkbox"/> Disapproved | | |
| | <input type="checkbox"/> State police criminal background check | | | |
| | <input type="checkbox"/> Fee(s) | <input type="checkbox"/> Data Entry | | |
| | Driver History Check | | | |
| | <input type="checkbox"/> 5 YRS POINTS _____ | | | |